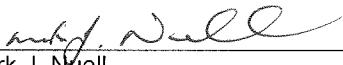


|   |   |   |                                   |          |          |
|---|---|---|-----------------------------------|----------|----------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |   |   | Docket No.<br>0020-5041PUS2       |          |          |
| Application No.<br>10/525,021-Conf. #3141   | Filing Date<br>February 18, 2005          | Examiner<br>S. Maewall                  | Art Unit<br>1612                  |          |          |
| Applicant(s): Mitsutaka NAKAMURA et al.   |   |   |                                   |          |          |
| Invention: AGENT FOR TREATMENT OF SCHIZOPHRENIA   |   |   |                                   |          |          |
| <b>MS Amendment</b><br><b>Commissioner for Patents</b><br><b>P.O. Box 1450</b><br><b>Alexandria, VA 22313-1450</b><br><br>Transmitted herewith is an amendment in the above-identified application.<br>The fee has been calculated and is transmitted as shown below. |   |   |                                   |          |          |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                   |          |          |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate     |          |
| <b>Total Claims</b>   | 21  | - 12 =                                  | 0                                 | x 52.00  | 0.00     |
| <b>Independent Claims</b>   | 1   | - 3 =                                   | 0                                 | x 220.00 | 0.00     |
| <b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>   |   |   |                                   |          |          |
| <b>Other fee (please specify):</b> Extension for response within third month  |   |   |                                   |          | 1,110.00 |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |          | 1,110.00 |
| <input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity  |   |   |                                   |          |          |
| <input type="checkbox"/> No additional fee is required for this amendment.  |   |   |                                   |          |          |
| <input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>1,110.00</u> .<br>A duplicate copy of this sheet is enclosed.   |   |   |                                   |          |          |
| <input type="checkbox"/> A check in the amount of \$ _____ is enclosed.   |   |   |                                   |          |          |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |                                   |          |          |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed.  |   |   |                                   |          |          |
| <input checked="" type="checkbox"/> Credit any overpayment.   |   |   |                                   |          |          |
| <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.  |   |   |                                   |          |          |
| <br>Mark J. Nuell<br>Attorney Reg. No. 36,623  |   |   | Dated: <u>December 10, 2009</u>   |          |          |
| BIRCH, STEWART, KOLASCH & BIRCH, LLP<br>12770 High Bluff Drive, Suite 260<br>San Diego, California 92130<br>(858) 792-8855  |   |   |                                   |          |          |